



JAN 26 2004

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PTO/SB/21 (08-00)

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1646

**TRANSMITTAL
FORM**
*(to be used for all correspondence after
initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/220,920
		Filing Date	12/24/1998
		First Named Inventor	Milbrandt
		Group Art Unit	1646
		Examiner Name	Murphy, Joseph F.
Total Number of Pages in This Submission		Attorney Docket No.	56029/7996

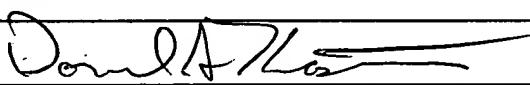
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s) Fee Transmittal <i>(duplicate)</i>
Remarks: <input type="checkbox"/>		<input type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Daniel S. Kasten	
Signature		
Date	January 20, 2004	

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450 on January 20, 2004.

date: 1/20/04

Typed or printed name	Daniel S. Kasten Reg.# 45,363	
Signature		Date 1/20/04

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JAN 26 2004
FEES TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$180)**Complete if Known**

Application Number	09/220,920
Filing Date	12/24/1998
First Named Inventor	Milbrandt
Examiner Name	Murphy, Joseph F.
Art Unit	1646
Attorney Docket No.	56029/7996

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 20-0823

Deposit Account Name

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee	Entity Fee	Small Entity Fee	Entity Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)		0			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	[] X [] = []	
Independent Claims	-3** =	[] X [] = []	
Multiple Dependent		[] = []	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		0		

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	.165
1402	330	2402	.165
1403	290	2403	.145
1451	1,510	1451	1,510
1452	110	2452	.55
1453	1,330	2453	.665
1501	1,330	2501	.665
1502	480	2502	.240
1503	640	2503	.320
1460	130	1460	.130
1807	50	1807	.50
1806	180	1806	.180
8021	40	8021	.40
1809	770	2809	.385
1810	770	2810	.385
1801	770	2801	.385
1802	900	1802	.900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

180

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Daniel S. Kasten	Registration No. (Attorney/Agent)	45363	Telephone	314-552-6305
Signature				Date	January 20, 2004

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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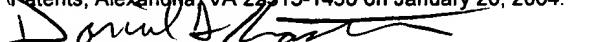


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

St. Louis, Missouri
January 20, 2004

CERTIFICATE OF MAILING

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United States Postal Service with sufficient postage as first class
mail in an envelope addressed to: Assistant Commissioner for
Patents, Alexandria, VA 22313-1450 on January 20, 2004.


Daniel S. Kasten
Attorney for Applicant(s)
Registration No.: 45,363

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Milbrandt et al.	Group No.:	1646
Serial No.:	09/220,920	Atty. Docket No.:	56029-7996
Filed:	12/24/1998		
For:	Artemin, A Neurotrophic Factor	Examiner:	Murphy, Joseph F., Ph.D.

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of October 20, 2003, Applicant submits
the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those which may
otherwise be provided for in documents accompanying this Amendment. However, in

the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 20-0823.

Please amend the above-identified application as set forth below and enter the following remarks.